## **EXHIBIT A**

| UNITED STATES DISTRICT COURT  |
|-------------------------------|
| SOUTHERN DISTRICT OF NEW YORK |

BERNAERTS ET AL.,

Plaintiffs,

٧.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

## **CERTIFICATE OF MAILING**

Case No.: 19-cv-11865 (GBD) (SN)

I hereby certify under the penalties of perjury that on the 22<sup>nd</sup> day of January, 2020, I served:

Minister of Foreign Affairs Ministry of Foreign Affairs of the Islamic Republic of Iran Imam Khomeini Avenue Tehran Iran Attn: H.E. Mohammad Javad Zarif

the head of the ministry of foreign affairs, pursuant to the provisions of the Foreign

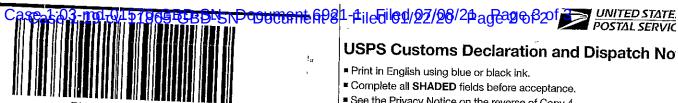
Sovereign Immunities Act, 28 U.S.C. § 1608(a)(3).

Two (2) copie of the Summons, Compliant filed December 27<sup>th</sup>, 2019, Civil Cover Sheet, Notice of Suit with copy of 28 U.S.C. 1330; (along with attached affidavit of translator and Farsi translations of the above documents), by USPS Reg. Mail no. RH002017984US

Dated: New York, New York January 22, 2020

RUBY J. KRAJICK CLERK OF COURT

/s/Shanee Mcleod
Deputy Clerk



## **USPS Customs Declaration and Dispatch No**

- Print in English using blue or black ink.
- Complete all SHADED fields before acceptance.
- See the Privacy Notice on the reverse of Copy 4.

| SENDER'S INFORMATION  |   |           |                                 |                              | SHIPMENT INFORMATIO  | SHIPMENT INFORMATION (CONTINUED) — BOXED AREA IS FOR USPS-USE ON |  |                             |  |
|---|---|-----------|---------------------------------|------------------------------|--|--|--|-----------------------------|--|
| Full Last Name   Full First Name   MI   |   |           |                                 |                              | USPS Official Use  | USPS Corpora   |  | EMS Scheduled Delivery Date |  |
| Transfer of Approane)   |   | Sender    | r's Telephone                   | Total Postage/Fees (U.S. \$) | Insured Value (U.S. \$)  |  | Insured Fee (U.S. \$)  |                             |  |
| Address-1 Address-2   |   |           |                                 |                              | 7. Sender's Email Address 9. Exporter's Reference (If applicate  | ole and known)   | Addressee's Email Address     Exporter's Telephone (If applicable and known)     |                             |  |
| City State ZIP Code"  |   |           |                                 |                              |  |  | 12. Importer's Telephone (If applicable and known)                               |                             |  |
| ADDRESSEE'S INFORMATION Full Last Name  MI  |   |           |                                 |                              |  | ion — NOEEI § <i>(Check one If applica</i><br>] § 30.37 (a)      |  |                             |  |
|   |   |           |                                 |                              | 15. License Number (ff applicable) 16. Certificate Number (ff applicable) 17. invoice Number (ff applicable)   |  |  |                             |  |
|   |   |           |                                 |                              | 18. Length (inches)  | 19. Width (Inches)   |  | 20. Height (Inches)         |  |
| Thu.  |   |           | Postal C                        |                              | 21. Restrictions (if applicable — check all that apply)  ☐ Quarantine ☐ Sanltary/Phytosanitary Inspection  23. Sender's Signature and Date   |  | 22. Nondelivery Instructions (Check one) ☐ Peturn to Sender ☐ Treat as Abandoned |                             |  |
| SHIPMENT INFORMATION  1. Category of Items (Check all that apply)  Diffocurrent Commercial Sample Merchandise Dangerous Goods Gift Returned Goods Humanitarian Donation Other |   |           |                                 |                              | I certify the particulars given in this customs declaration are correct. This package does not contain any undeclared dangerous items, or items prohibited by legislation or by postal or customs regulations. I have met all applicable export filing requirements under federal law and regulations. |  |  |                             |  |
| 2. Detailed Description of Contents (Enter only one item per line)  | 3. Quantity   | 4. Net We | 4. Net Weight (Ea) 5. Value (Ea |                              | For Business Mailers, for Items in I   |  |  |                             |  |
| a division to a market and a  | , and the same of | LOS,      | Oz.                             | U.S.\$                       | 24. HS Tariff Number   |  | 25. Country of Or  | igin                        |  |
| インサイクを大学を表現する。<br>・   | 1 1   |           | 17, 134.4                       | Mark No.                     |  |  |  |                             |  |
| · 查自编程》,1995年,中华的中国   | · · · ·   | 7         | # 15                            | AL THE                       |  |  |  | ·                           |  |
| 報告官 专事一条件   |   |           | 11 -33                          | 72.20                        |  |  |  |                             |  |
| 6. Total  |   |           |                                 |                              |  |  |  |                             |  |
| PS Form <b>2976-R</b> , April 2016 PSN 7530-17-000-799;   | 2   | · IA      | PORTANT: Th                     | nis package may              | be opened officially.  |  |  | 4 – Sender's Cop            |  |

ļ<sub>3</sub>

Form **3806, Registered Mail Receipt** Copy 1 - Customer il 2015, PSN 7530-22-000-9051
For domestic delivery information, visit our website at www.usps.com Domestic Insurance up to \$50,000 is included based upon the declared value, international indemnity is limited. (See Reverse). JAVAL ZART Date Stamp MOHAMMED OF AFFAIRS AMERICAS AFFAIRS ATT: Total Postage & Fees Extra Services & Fees (continued) Signature Confirmation 01/22/2020 AVENBE FOREIGN FOREIGN 10020THE Registered No. RH002017984US OF KILL IMAW KHOMEINI IRAN YORK, NY O.F AVENUE Registered Mail S 1 6 . 1 Customer Must Declare Full Value ≰⊕. ⊕€ Extra Services & Fees ANDERSON MINISTER MINISTRY TEHRAN, ☐Restricted Delivery **\$**\_ |Return Receipt (electronic) \$ 1251 MEM ΟŢ **FROM** (Please Print)
Apply to Iniquiple Ballpoint or Typed By Post Office PS F Po Be Completed By Customer To Be Completed

H